

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			Oct 28 61
O.I.P.E. CLASSIFIER		2	6/5/01
FORMALITY REVIEW	L.I	1106	8/30/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	
Final	Original	Date
8	8/10/01	
27	8/13/01	
12	8/20/01	
1	✓	✓
2	✓	✓
3	0	✓
4	0	✓
5	✓	✓
6	✓	✓
7	✓	
8	✓	
9	✓	
10	✓	
11	0	✓
12		
13		
14	0	✓
15	✓	✓
16	✓	✓
17		
18	✓	✓
19	0	✓
20	0	
21	✓	✓
22		
23	✓	✓
24	✓	✓
25	✓	✓
26	0	✓
27	0	✓
28	✓	0
29		
30	✓	0
31	✓	✓
32	✓	✓
33	0	✓
34	0	✓
35	✓	0
36		
37	✓	0
38	✓	✓
39	✓	✓
40	✓	✓
41		
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Claim	Date	
Final	Original	Date
51	8/10/01	
52	8/13/01	
53	8/20/01	
54		
55		✓
56		0
57		0
58	✓	✓
59		
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63		✓
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Claim	Date	
Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here